

City of Gaithersburg • 31 South Summit Avenue • Gaithersburg, Maryland 20877 • Telephone: (301) 258-6330 • Fax: (301) 258-6336

SITE DEVELOPMENT PERMIT **APPLICATION**

In accordance with Chapter 24 of the City Code

Application No.
Date
Approvals:
Code Date
Zoning Date
Fees:
Plan Review Fee
Total Fee
Application Fee
Amount Due

All information requested in this application must be answered completely.			
1. SUBJECT PROPERTY			
Street Address			
Lot Block Subdivision			
Tax Identification Number (must be filled in if no address available)			
2. APPLICANT			
Name	Telephone		
Street Address		Suite No	
City	State	Zip Code	
3. CONTACTOR/ARCHITECT/ENGINEER			
Contractor's Name			
Contractor's Maryland License Number	•		
Street Address			
City	State	Zip Code	
Architect's Name			
Architect's Maryland Registration Number	Telephone	Telephone	
Street Address		Suite No	
City	State	Zip Code	
Engineer's Name			
Engineer's Maryland Registration Number			
Street Address	•		
City			
4. PROPERTY OWNER			
Name	Telephone	Telephone	
Street Address		Suite No	
City	State	Zip Code	
Contact Person	Daytime Te	Daytime Telephone	
5. OCCUPANT			
Name	Telenhone		
Street Address	•		
City			
Oity	State	Zip Code	

6.	Type of Work: Grading and Sediment Control Permit (includes Forest Conservation) Public Works Permit (Public Stormwater Management, Public Paving, Storm Drain, Curb, Lighting, Landscaping, etc.) On-Site Permit (Private Stormwater Management, Landscaping, Paving, Curb, Storm Drain & Amenities)PROJECT 7.							
7.	PROJECT DESCR Summarize the d		be performe	d under thi	s permit. Indicate structure a	and station n	umbers if applicable.	
	☐ Grading and ☐ Public Impre ☐ On-Site Imp	I Sediment Control ovements rovements	Yes C	No No No	er is Yes, previous permit n Previous Permit Nun Previous Permit Nun Previous Permit Nun	nber nber nber		
	If this permit incl	udes grading, indicate t	the total squa	ire footage	of the area to be disturbed:		Sq. Ft.	
8.	SDA Number	IUMBER						
SU 1.	and are included Site Pla Elevation	our (4) prints for each o with this permit applic n	ation:	Storm \ Storm [ive been approved by the Ci Water Management Plan Drain	☐ Fore:	and Urban Design Team st Conservation Plan Iscaping	
	I hereby certify to	or Lessee of the prope	mined this ap _l rty, or Agent	of either,	nd that all statements are tru or the licensed Engineer or	Architect e	mployed in connection	
					y Owner in fee and I am au		make such application.	
Арј	olicant's Name <i>(pl</i>	ease print)						
Арј	olicant's Signature	(must have authoriza	tion)			Date		
Da	ytime Telephone_							
SPE	CIAL CONDITIO	NS						